

THE DIVISION OF HEALTH OF MISSOURI  
FILED JAN 26 1951 STANDARD CERTIFICATE OF DEATH

43517

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5256 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL, Cunningham Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u> <u>0581</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location) <u>328 W. Gracia</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>		b. (Middle) <u>DAVIS</u> c. (Last) <u>Riley</u>	
5. SEX <u>Male</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
6. COLOR OR RACE <u>White</u>		8. DATE OF BIRTH <u>Oct. 14, 1897</u>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Yard Clerk</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Yard Clerk</u>		11. BIRTHPLACE (State or foreign country) <u>Chariton Co. Missouri</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>William F. Riley</u>		13b. MOTHER'S MAIDEN NAME <u>Malvina Duvall</u>	
13c. FATHER'S NAME <u>William F. Riley</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret Riley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War I</u>		16. SOCIAL SECURITY NO. <u>488-I4-8615</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Riley</u>		ADDRESS <u>Marceline Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Morbid Poison</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Flacc attached to Exhaust Pipe of Car</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH  <u>59754</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cunningham Sup. Chariton Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec. 29-1950 4:30P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec. 29-1950 4:30P</u>		21f. HOW DID INJURY OCCUR? <u>Flacc attached to Exhaust Pipe of Car</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:30P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>H. D. Gannon</u> (Degree or title) <u>Cover of Chariton Co. Mo.</u>		23b. ADDRESS <u>Kennett Mo.</u>	
23a. SIGNATURE <u>H. D. Gannon</u> (Degree or title) <u>Cover of Chariton Co. Mo.</u>		23c. DATE SIGNED <u>12-30-1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 1 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Marceline</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24d. LOCATION (City, town, or county) (State) <u>Marceline Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-30-50</u>		REGISTRAR'S SIGNATURE <u>Martha Clark</u> 57	
DATE REC'D BY LOCAL REG. <u>12-30-50</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James M. Langhain</u> ADDRESS <u>Marceline</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2103

NOV 4 1951

FEB 26 1951

Date Received: JAN 8 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 7-51-126  
Date Filed: JAN 24 1951

FEB 15 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Signed Francis L. Schenberg

Licensed Embalmer No. 4513

P. O. Address. Marceline Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.